County Profiles 2014: Introduction & Background

Washington State Prescription Monitoring Program

Introduction

The Prescription Monitoring Program (PMP) of the Washington State Department of Health (DOH) began collecting controlled substance prescriptions from Washington State pharmacies in October, 2011. Controlled substances include opioids, sedatives, tranquilizers (benzodiazepines), and stimulants. This information is made available to medical providers and pharmacists as a tool in patient care. It can help prevent overdoses and misuse, and promote referrals for pain management and treatment of addiction.

The county profiles report was created to share these data with local health jurisdictions (LHJs) to use to educate their residents and target programs to combat the prescription drug epidemic. The profiles were designed in collaboration with an advisory workgroup of representatives from seven local health jurisdictions.

Each county profile consists of a set of data tables about prescriptions written and filled for residents of the specified county, as well as two tables showing rates for the state and all 39 counties, and 11 state maps.

Prescriptions in the PMP

The data in the PMP are from prescriptions written by prescribers and dispensed or filled by retail pharmacies or practitioners. All pharmacies licensed in Washington, including out-of-state mail-order pharmacies licensed to dispense into the state, are required to submit the controlled substance prescriptions. All tribal pharmacies and pharmacies associated with Washington's Veterans Administration and Indian Health Service facilities voluntarily submit their records, but pharmacies at active military installations do not. Medications administered in hospital, dispensed at substance abuse treatment facilities, or those intended to be for a 24 hour supply or less are not reported to the PMP.

The information in the PMP can be separated into several categories:

a) Patient identifiers – name, address, city, county, state, ZIP code, gender, date of birth, and source of payment.
b) Prescriber identifiers – name, practice address, city, state, ZIP code, and Drug Enforcement Administration (DEA) number, as well as the date on which the prescription was written.
c) Dispenser identifiers – name, pharmacy address, city, state, ZIP code, and DEA number, as well as prescription number and the date on which the prescription was filled.
d) Identifiers of prescribed drug – proprietary and/or generic name, dosage per unit, formulation, Drug Enforcement Administration Schedule, National Drug Code (NDC).

e) Amount of drug prescribed – number of units (tablets, capsules, patches, etc.) of the drug, days of supply, refill authorization, and refill number (if authorized).

The Washington PMP collects data on drugs listed in Drug Enforcement Administration Schedules II through V. Using the NDC database, the drugs are also characterized by class – opioids, benzodiazepines, central nervous system (CNS) stimulants, sedatives – and by formulation – tablet, capsule, patch, film, liquid, and others.

In the 2014 dataset, the drug classes included the following medications (listed by generic name, alphabetically within class):

Opioids

Alfentanil, Buprenorphine, Butorphanol, Codeine, Diphenoxylate, Fentanyl, Hydrocodone, Hydromorphone, Levorphanol, Meperidine, Methadone, Morphine, Opium, Oxycodone, Oxymorphone, Pentazocine, Sufentanil, Tapentadol, Tramadol

Benzodiazepines

Alprazolam, Chlordiazepoxide, Clobazam, Clonazepam, Clorazepate, Diazepam, Estazolam, Flurazepam, Lorazepam, Meprobamate, Midazolam, Oxazepam, Quazepam, Temazepam, Tenazepam, Triazolam

CNS Stimulants

Armodafinil, Benzphetamine, Cocaine, Dextroamphetamine, Dextroamphetamine/Amphetamine, Diethylpropion, Lisdexamfetamine Dimesylate, Lorcaserin, Methamphetamine, Methylphenidate, Modafinil, Phendimetrazine, Phentermine

Sedatives

Butabarbital, Butalbital, Carisoprodol, Chloral Hydrate, Dichloralphenazone, Eszopiclone, Pentobarbital, Phenobarbital, Secobarbital, Sodium Oxybate, Zaleplon, Zolpidem

Others (mostly anti-seizure drugs and anabolic steroids)

Androstenedione, Dronabinol, Ezogabine, Fluoxymesterone, Ketamine, Lacosamide, Methyltestosterone, Nabilone, Nandrolone, Oxandrolone, Oxymetholone, Perampanel, Pregabalin, Stanozolol, Testosterone

How to read the tables

Tables 3-5, 8-11, and 13-16:

These tables are presented as a pair of sub-tables, separately by gender. The rows define gender-specific age groups. Columns 1 and 2 present data about patients prescribed the medication described

in the table's title. Columns 3 and 4 display the count and rate of prescriptions written. The last column shows the number of prescriptions per patient.

In the *TOTAL* row at the bottom, columns 1 and 3 are the sum of the counts for all age groups. Columns 2 and 4 show *crude rates* for each gender. Column 5 is total prescriptions divided by total patients.

At the upper right of the page are the county's age-gender adjusted rates of patients and prescriptions per 1,000 residents. The adjusted rate is similar to a weighted average of all 18 age-gender specific rates, with the weights based on the age-gender distribution of the 2000 United States Census. The **±** value for each adjusted rate defines the 95% confidence limits. In tables where the medication of interest is the same in every county (Tables 3, 4, 8, 9, 13, and 16), the statewide rates are displayed.

Tables 6 and 12:

Tables 6 and 12 display age-gender specific counts and rates by the *Source of Payment* entered by the dispenser. The tables display prescription data for a drug class in columns 1-3. Columns 4-6 show the county's most commonly prescribed drug within that class. These rates cannot be adjusted. Data from the Health Care Authority suggests that prescriptions assigned to Medicaid are underestimated and commercial insurance overestimated, because dispensers may incorrectly report Medicaid managed-care patients as having commercial insurance. Some counties had a large number of patients with the payment source listed as *Other*. The meaning of this category is unclear.

Tables and Figures for all counties

Tables 20 and 21, as well as the 11 maps, display rates for all 39 counties. Therefore, this set is identical in the profiles for all counties. Table 20 displays age-gender adjusted patient rates for the classes of controlled substances, while Table 21 displays rates for specific opioids.

The maps divide the counties into quartiles by rate of patients per 1,000 residents. There are nine counties in the highest-rate quartile (the darkest color), and 10 in each of the other three quartiles.

Still to come

Tables 7 and 17-19 are not yet completed, and will come at a later date.

The contents include:

Table 7. At-risk Opioid Behavior (Multiple Prescribers, Multiple Dispensers, high Morphine Equivalent Dose), by Age-Gender Group

Table 17. Unique Patient Count and Prescription Rate for Opioid and Benzodiazepine Combination, by Age-Gender Group